

Case Number:	CM14-0137349		
Date Assigned:	09/05/2014	Date of Injury:	10/01/2010
Decision Date:	10/31/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported a date of injury on 10/01/2010. The mechanism of injury was indicated as a motor vehicle accident. The injured worker had diagnoses of partial thickness tear of distal supraspinatus tendon of the right shoulder, tendinosis, supraspinatus, infraspinatus and subscapularis, on the right, shoulder impingement syndrome of the right, subacromial/subdeltoid bursitis of the right shoulder, and radiculopathy, active cervical spine. Prior treatments included physical therapy and cortisone injections. The injured worker had an MRI of the cervical spine on 01/10/2011 with an unofficial report indicating significant central narrowing at C5-6 as related to the reversed curvature disc osteophyte complex and minimal thickening of the ligamentum flavum posteriorly. Surgeries included an unspecified cervical spine surgery on 02/23/2011. The injured worker had complaints of neck and left shoulder pain rating the pain 5/10 to 6/10 in the neck and 5/10 in the shoulder with movement. The clinical note dated 07/08/2014 noted the injured worker's range of motion was extremely limited. It was difficult to parse out whether this was due to her industrial injury or her rapidly progressing Parkinson's disease, cervical spine range of motion was approximately 25%, and range of motion of the left shoulder was approximately 75%. Medications included Flexeril, Ultracet, and omeprazole. The treatment plan included Flexeril, Ultracet, omeprazole, and the physician's recommendation for the injured worker to see [REDACTED] and return with a followup no later than 6 weeks. The Request for Authorization form and rationale were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10mg #30 as prescribed on 7/8/14:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65..

Decision rationale: The request for Flexeril 10 mg #30 as prescribed on 07/08/2014 is not medically necessary. The California MTUS Guidelines recommend non sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Most low back pain cases, show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefits shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Used to decrease muscle spasm in conditions such as low back pain and recommended for short course of therapy. Limited, mixed evidence does not allow for a recommendation of chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. The guidelines indicate muscle relaxants are for short term treatment of acute exacerbation in patients with chronic low back pain and used to decrease muscle spasms. However, there is lack of documentation indicating the injured worker was suffering an acute exacerbation of chronic low back pain, as well as there is a lack of documentation on the physical examination the injured worker was having muscle spasms to warrant the use of muscle relaxants. Additionally, the request as submitted did not specify a frequency of the medications used. As such, the request is not medically necessary.

Ultracet 37.5mg #60, as prescribed on 7/8/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Pain, Opioids, specific drug list

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Ultracet 37.5 mg #60, as prescribed on 07/08/2014 is not medically necessary. The California MTUS Guidelines recommend the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it took for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids appear to be efficacious before limited term pain relief with chronic back pain, and long term efficacy is unclear. Failure to respond to time limited course of opioids has led to the suggestion of reassessment and consideration of an alternative therapy. There is a lack of documentation of a complete pain

assessment to include the injured worker's current pain, least reported pain over the period since last assessed, the average pain, intensity of pain after she took the opioid, and how long it took for pain relief. The guidelines indicate a short term use of opioids; however, the injured worker is noted to have been prescribed Ultracet since the 01/09/2014 examination, which exceeds a short term therapy. Additionally, the request as submitted did not specify a frequency of the medication use. As such, the request is not medically necessary.

Omeprazole 20mg #30, as prescribed on 7/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69..

Decision rationale: The request for omeprazole 20 mg #30, as prescribed on 07/08/2014 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors if the patient is at risk for gastrointestinal events. Risk factors would include the patient over 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, high dose/multiple NSAIDs. There is a lack of documentation the injured worker had a history of peptic ulcers, GI bleeding or perforations; or that the injured worker was using aspirins, corticosteroids, anticoagulant, or was on multiple NSAIDs. Furthermore, the request as submitted did not specify a frequency of the medication use. As such, the request is not medically necessary.